

Supplemental Application Data Sheet

Application Information

Application Number:: 10/620,562

Filing Date:: 07/17/2003

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: N/A

CD-ROM or CD-R?:: None

Sequence submission?:: Paper

Computer Readable Form (CRF)?:: Yes

Number of copies of CRF:: 1

Title:: Human Tumor Necrosis Factor Receptors

TR21 and TR22

Attorney Docket Number:: PF530C1

Request for Early Publication?:: No

Request for Non-Publication?:: No

Total Drawing Sheets:: 12

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full Capacity

Given Name:: Zhizhen

Family Name:: Zeng

City of Residence:: Lansdale

State or Province of Residence:: PA

Country of Residence:: US

Street of mailing address:: 410 Shipwrighter Way

City of mailing address:: Lansdale

State or Province of mailing address:: PA

Postal or Zip Code of mailing address:: 19446

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Craig

Middle Name:: A.

Family Name:: Rosen

City of Residence:: Laytonsville

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 22400 Rolling Hill Lane

City of mailing address:: Laytonsville

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20882

Applicant Authority Type:: Inventor

Primary Citizenship Country:: China

Status:: Full-Capacity

Given Name:: Jian

Family Name:: Ni

City of Residence:: Germantown

State or Province of Residence:: MD

Country of Residence:: US

Street of mailing address:: 17815 Fair Lady Way

City of mailing address:: Germantown

State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20874

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Steven

Middle Name:: M.

Family Name:: Ruben

City of Residence:: Brookeville

State or Province of Residence:: MD

Country of Residence:: US

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State or Province of mailing address:: MD

Postal or Zip Code of mailing address:: 20833

Correspondence Information

Correspondence Customer Number:: 22195

Representative Information

Representative Customer Number:: 22195

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/910,562	07/23/01
09/910,562	Application claiming the benefit under 35 USC 119(e)	60/220,116	07/24/00
09/910,562	Application claiming the benefit under 35 USC 119(e)	60/221,143	07/27/00

Assignee Information

Assignee name:: Human Genome Sciences, Inc.

Street of mailing address:: 14200 Shady Grove Road

City of mailing address:: Rockville

State or Province of mailing address:: MD

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